



Your business
is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

DOCKET FILE COPY ORIGINAL

ACCEPTED/FILED

OCT 25 2013

REDACTED - FOR PUBLIC INSPECTION

Federal Communications Commission
Office of the Secretary

October 1, 2013

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Ogden Telephone Company
Study Area Code 310714**

Dear Ms. Dortch:

On behalf of Ogden Telephone Company "Ogden", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Ogden seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 043
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

Echelon Building II, Suite 200
9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road
Bldg. B-3, Suite 200, Atlanta, GA 30328
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-512

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3050-0985/OMB Control No. 3050-0819 July 2013
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ACCEPTED/FILED

<010> Study Area Code	310714	
<015> Study Area Name	OGDEN TEL CO	OCT 25 2013
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Linda Corie	Federal Communications Commission Office of the Secretary
<035> Contact Telephone Number: Number of the person identified in data line <030>	5174435595	
<039> Contact Email Address: Email of the person identified in data line <030>	corie@ogdentel.com	

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)		<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0		<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)		(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)				
<330> Detail on Attempts (broadband)		(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 310714mi510	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 310714mi610	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)			
<710> Company Price Offerings (broadband)	(complete attached worksheet)			
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)			
<1010>	(attach descriptive document)			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)			
<1110>	(complete attached worksheet)			
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)			<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet		
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<110>	Has your company received its ETC certification from the FCC?	<input checked="" type="radio"/> (yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113>	Maps detailing progress towards meeting plan targets
<114>	Report how much universal service (USF) support was received
<115>	How (USF) was used to improve service quality
<116>	How (USF) was used to improve service coverage
<117>	How (USF) was used to improve service capacity
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

[illegible]

FCC Form 481
OMB Control No. 3060-0936/OMB Control No. 3060-0819
July 2013

1/1/2013	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

10/10/2013

**(710) Broadband Price Offerings
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 310714

<015> Study Area Name OGDEN TEL CO

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Linda Corie

<035> Contact Telephone Number - Number of person identified in data line <030> 5174435595

<039> Contact Email Address - Email Address of person identified in data line <030> corie@ogdentel.com

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Ogden Telephone Company

~~--- See attached worksheet ---~~

July 2013

0307

Page 7

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	310714mi1210	Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP	

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310714
<015>	Study Area Name	ODDEN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>

<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>
<2013>	2013 Frozen Support Certification	<input type="checkbox"/>
<2014>	2014 Frozen Support Certification	<input type="checkbox"/>
<2015>	2015 Frozen Support Certification	<input type="checkbox"/>
	2016 and future Frozen Support Certification	<input type="checkbox"/>

<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
	Certification Support Used to Build Broadband	<input type="checkbox"/>

<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2018>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2019>	5th year Broadband Service Certification	<input type="checkbox"/>
<2020>	Interim Progress Certification	<input type="checkbox"/>

Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021>	Interim Progress Community Anchor Institutions		Name of Attached Document Listing Required Information
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(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 461
OMB Control No. 3060-0885/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@centel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

	Name of Attached Document Listing Required Information	
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3016)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<input type="checkbox"/>
(3017)	If the response is no on line 3014, is your company audited?	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3019)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
(3020)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<input type="checkbox"/>
(3021)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3022)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3023)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3024)	Attach the worksheet listing required information	<input type="checkbox"/>
(3025)		
(3026)		

310714m13026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310714
<015> Study Area Name	OGDEN TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Linda Corie
<035> Contact Telephone Number - Number of person identified in data line <030>	5174435595
<039> Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0966/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310714
<015>	Study Area Name	OGDEN TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Corie
<035>	Contact Telephone Number - Number of person identified in data line <030>	5174435595
<039>	Contact Email Address - Email Address of person identified in data line <030>	corie@ogdentel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc
Name of Reporting Carrier:	OGDEN TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	Linda Corie
Title or position of Authorized Officer:	Secretary-Treasurer
Telephone number of Authorized Officer:	517-443-5595
Study Area Code of Reporting Carrier:	310714 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	OGDEN TEL CO
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent:	Senior Analyst
Telephone number of Authorized Agent or Employee of Agent:	3014597590
Study Area Code of Reporting Carrier:	310714 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**(800) Operating Companies
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

310714

<010> Study Area Code

<015> Study Area Name

OGDEN TEL CO

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Linda Corie

<035> Contact Telephone Number - Number of person identified in data line <030>

51744335595

<039> Contact Email Address - Email Address of person identified in data line <030>

corie@ogdentel.com

Ogden Telephone Company

<810> Reporting Carrier

<811> Holding Company

<812> Operating Company

<813>

<a1>

Affiliates

<a2>

SAC

<a3>

Doing Business As Company or Brand Designation

Ogden Long Distance Service Inc.

Prohibitions as identified in Sections 305 and 502 of the MTA, Costing Procedures as determined by the MPSC in Case No. U-11103, and Compliance with Anti-Slamming Procedures as adopted in MPSC Case No. U-11757 and Case No. 11900; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Ogden Telephone Company's demonstration of ability to function in emergency situations:

Ogden Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Michigan Telecommunications Act (MTA). The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites in accordance with the specifications identified in Section 305c(a) of the MTA, 484.2305c Emergency power requirements; compliance.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

Michigan Lifeline Administration Service

LIFELINE APPLICATION

Eligible customers will receive \$11.25 off their monthly phone bill
and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:

Lifeline Administration Service

PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number:		Name of phone company:	
Date of Birth:	Last 4-digits of Social Security Number:		
Last Name:	First Name:	M.I.:	
Street:			
Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program			
City:	State:	ZIP Code:	
This is my permanent address: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Billing Address, City, State and Zip Code (if different from Service Address)			
There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program.		YES <input type="checkbox"/>	NO <input type="checkbox"/>

PROGRAM QUALIFICATION INFORMATION

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: \$

NUMBER OF HOUSEHOLD MEMBERS:

# of Household Members	Gross Monthly Income	Gross Annual Income*
1	\$1,436	\$17,235
2	\$1,939	\$23,265
3	\$2,441	\$29,295
4	\$2,944	\$35,325

*Add \$6,030 (\$503 monthly) for each additional household member.

<input type="checkbox"/> Prior year's state or federal tax return.	<input type="checkbox"/> Current Annual Income Statement from Employer
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months
<input type="checkbox"/> Retirement/pension statement of benefits	<input type="checkbox"/> Veterans Administration statement of benefits
<input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits	<input type="checkbox"/> Divorce decree or child support document containing income information

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

<input type="checkbox"/> Food stamps	<input type="checkbox"/> Federal Public Housing Assistance or Section 8
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> National School Lunch - Free Lunch Program
<input type="checkbox"/> Low-Income Home Energy Plan (LIHEAP)	

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

Ace Communications	Chippewa County Telephone Company	Sand Creek Telephone Company
Allendale Telephone Company	Climax Telephone Company	Southwest Michigan Communications
Baraga Telephone Company	Deerfield Farmers' Telephone Co.	Springport Telephone Company
Barry County Telephone Company	Hiawatha Telephone Company	TDS Telecom
Blanchard Telephone Company	Kaleva Telephone Company	Thumb Cellular
Bloomington Communications	Lennon Telephone Company	Upper Peninsula Telephone Company
Carr Telephone Company	Michigan Central Broadband Co.	Waldron Telephone Company
CenturyLink of Michigan	Midway Telephone Company	Westphalia Broadband, Inc.
CenturyLink of Midwest Michigan	Ogden Communications	Westphalia Telephone Company
CenturyLink of Northern Michigan	Ontonagon County Telephone Co.	Winn Telecom
CenturyLink of Upper Michigan	Pigeon Telephone Company	Winn Telephone Company
Chapin Telephone Company		

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS**PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:**

- I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- I will notify my telephone company within 30 days of any changes to my residential address.
- I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:

Date:

REVISED 2/2013

Ogden Telephone Company
M.P.S.C. No. 1 (R)

Original Sheet No. 9.2

LOCAL TELEPHONE EXCHANGE SERVICE

SERVICE CHARGES

B. SERVICE CHARGES

1. Service Ordering Charge

a. Initial Service Order, per order

Applies to any new customer's service order \$14.00

b. Subsequent Service Order, per order

Applies to any present customer's order to install, change or add to the service; restoral of service after disconnect for nonpayment; additional central office lines, et cetera, 7.00

2. Line Connection Charge

Per Line 21.00

3. Restoral of Service Charge

Where service has been disconnected for non-payment of any charges due to failure of subscriber to establish credit in accordance with regulations.

For reconnecting all services and facilities being provided at one location, business or residence. 10.00

Issued: March 22, 1993

Effective: March 22, 1993

Issued under the authority of the Michigan Public Service
Commission Order dated December 22, 1992, in Case U-10064.

By: Linda Corie, Secretary

Blissfield, Michigan

Ogden Telephone Company
Tariff M.P.S.C. No. 1 (R)

6th Revised Sheet No. 11
Cancels 5th Revised Sheet No. 11

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing tariffed rates and charges for residential telephone service. (D)
2. In order to be eligible for Lifeline Service a residential customer's household income must be at or below 150% of the poverty level as determined by the United States Office of Management and Budget and as approved by the State Treasurer or the customer must participate in one of the following federal assistance programs: (N)
 - a. Medicaid
 - b. Food stamps
 - c. Supplemental security income
 - d. Federal public housing assistance
 - e. Low-income home energy assistance program
 - f. National school lunch program's free lunch program
 - g. Temporary assistance for needy families
3. Lifeline Service includes the services and functionalities enumerated in by the F.C.C. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers.
4. Other services can be provided with the Lifeline Service at applicable rates and charges.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline Service.
2. Lifeline Service is available only with residence services, excluding foreign exchange service. Lifeline Service is limited to one line per household at the customer's primary residence.
3. A miscellaneous service charge does not apply when Lifeline Service is added or discontinued to existing service when that is the only work being done.
4.
 - a. A discount of 20% of the Basic Local Exchange rate or \$11.25, whichever is greater, on the monthly rate for Basic-Local Exchange Service for Lifeline customers is applicable. For Lifeline customers 65 years of age or more, the discount will be 25% of the Basic Local Exchange rate or \$12.35, whichever is greater. The total discount shall not exceed 100% of all end-user common line charges and the Basic Local Exchange rate. (C)
 - b. The credit will be applied in the following order: (1) The Interstate End User Access Charge, National Exchange Carriers Association, Inc. Tariff F.C.C. No. 5, Access Service. (2) End User Common Line charge, Michigan Exchange Carriers Association (MECA), Tariff M.P.S.C. No. 25, Part XVII, Section 17.1.2. and (3) The balance of the credit, if any, will be applied as a credit to the Basic Local Exchange rate.
 - c. The Company will provide, at the qualifying customer's option, toll blocking service at no charge. The Company defines toll blocking as a service provided by the Company that lets the customer elect not to allow the completion of outgoing toll calls from their telecommunications channel.
 - d. The Company will not require a service deposit in order to initiate Lifeline Service if the qualifying customer voluntarily elects toll blocking service.
 - e. The Company will not disconnect Lifeline Service for non-payment of toll charges by qualifying customers.
5. The Lifeline plan will apply after receipt and processing of a completed Company or community/government provided application, including documentation indicating that the household income meets the eligibility standards established above.
6. Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Reverification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount would be discontinued and regular tariff rates and charges would apply.

Issued: January 12, 2006

Effective: January 13, 2006

Issued under authority of Public Acts 179 of 1991, 216 of 1995, 295 of 2000 and 235 of 2005.

By: Linda Corie, Secretary

Blissfield, Michigan

REDACTED – FOR PUBLIC INSPECTION

OGDEN TELEPHONE COMPANY (SAC 310714)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY